Alaska Medical Assistance: State Fiscal Year 2027 Fee Schedule

School-Based Services

Effective 7/1/2026 - 6/30/2027

Reimbursement may vary slightly from published rates as a result of rounding. RBRVS-based rates are rounded to the nearest cent following adjustments for multiple units and cutbacks.

Coverage and rates are subject to change.

For information on reimbursement of services provided via telehealth see the Telehealth Fee Schedule.

Revised 8/28/2026

NOTICE: While the department makes every effort to ensure the accuracy of this fee schedule, clerical or typographical errors may occur. Such errors do not represent intentional regulatory action by the department and should not be construed as establishing, modifying, or superseding any coverage, payment, or authorization requirement. Material errors will be corrected as promptly as practicable upon identification; immaterial errors will be addressed at the next regular quarterly update. Providers who identify a potential error or experience a claim adjudication issue they believe may be related to a fee schedule discrepancy are encouraged to contact the Division of Health Care Services for resolution.

Proc Code	modifier	Description	Physical Therapy	Occupational Therapy	Behavioral Health	Speech/ Language Pathology	Audiology	Nursing Behavioral Health	IEP	Maximum Allowable	Requires Medical Justification	Requires Comagine Authorization	Requires Fiscal Agent Authorization	Billing Notes
29105	x	APPLY LONG ARM SPLINT	x	x						$132.49	N	N	N	
29125	x	APPLY FOREARM SPLINT	x	x						$106.39	N	N	N	
29126	x	APPLY FOREARM SPLINT	x	x						$117.31	N	N	N	
29130	x	APPLICATION OF FINGER SPLINT	x	x						$64.91	N	N	N	
29131	x	APPLICATION OF FINGER SPLINT	x	x						$82.61	N	N	N	
29260	x	STRAPPING OF ELBOW OR WRIST	x	x						$42.34	N	N	N	
29280	x	STRAPPING OF HAND OR FINGER	x							$43.62	N	N	N	
92507	x	SPEECH/HEARING THERAPY				x	x			$118.16	N	N	N	
92508	x	SPEECH/HEARING THERAPY				x	x			$35.79	N	N	N	
92521	x	EVALUATION OF SPEECH FLUENCY				x	x			$206.32	N	N	N	
92522	x	EVALUATE SPEECH PRODUCTION				x	x			$173.26	N	N	N	
92523	x	SPEECH SOUND LANG COMPREHEN				x	x			$351.32	N	N	N	
92524	x	BEHAVRAL QUALIT ANALYS VOICE				x	x			$170.52	N	N	N	
92526	x	ORAL FUNCTION THERAPY	x	x		x				$128.95	N	N	N	
92551	x	PURE TONE HEARING TEST AIR				x	x			$15.80	N	N	N	
92552	x	PURE TONE AUDIOMETRY AIR					x			$50.74	N	N	N	
92553	x	AUDIOMETRY AIR & BONE					x			$61.69	N	N	N	
92555	x	SPEECH THRESHOLD AUDIOMETRY					x			$37.27	N	N	N	
92556	x	SPEECH AUDIOMETRY COMPLETE					x			$58.32	N	N	N	
92557	x	COMPREHENSIVE HEARING TEST					x			$55.17	N	N	N	
92567	x	TYMPANOMETRY					x			$23.45	N	N	N	
92568	x	ACOUSTIC REFL THRESHOLD TST					x			$24.15	N	N	N	
92575	x	SENSORINEURAL ACUITY TEST					x			$92.65	N	N	N	
92576	x	SYNTHETIC SENTENCE TEST					x			$53.27	N	N	N	
92577	x	STENGER TEST SPEECH					x			$28.43	N	N	N	
92579	x	VISUAL AUDIOMETRY (VRA)					x			$65.81	N	N	N	
92582	x	CONDITIONING PLAY AUDIOMETRY					x			$109.27	N	N	N	
92583	x	SELECT PICTURE AUDIOMETRY					x			$77.27	N	N	N	
92597	x	ORAL SPEECH DEVICE EVAL				x	x			$110.43	N	N	N	
92601	x	COCHLEAR IMPLT F/UP EXAM <7				x	x			$233.88	N	N	N	
92602	x	REPROGRAM COCHLEAR IMPLT <7				x	x			$144.68	N	N	N	
92603	x	COCHLEAR IMPLT F/UP EXAM 7/>				x	x			$222.07	N	N	N	
92604	x	REPROGRAM COCHLEAR IMPLT 7/>				x	x			$131.61	N	N	N	
92605	x	EX FOR NONSPEECH DEVICE RX				x	x			$142.19	N	N	N	
92606	x	NON-SPEECH DEVICE SERVICE				x	x			$120.98	N	N	N	
92607	x	EX FOR SPEECH DEVICE RX 1HR				x	x			$185.72	N	N	N	
92608	x	EX FOR SPEECH DEVICE RX ADDL				x	x			$72.25	N	N	N	
92609	x	USE OF SPEECH DEVICE SERVICE				x	x			$154.86	N	N	N	
92610	x	EVALUATE SWALLOWING FUNCTION		x		x	x			$129.10	N	N	N	
92650	x	AEP SCR AUDITORY POTENTIAL					x			$37.16	N	N	N	
92651	x	AEP HEARING STATUS DETER I&R					x			$117.10	N	N	N	
92652	x	AEP THRSHLD EST MLT FREQ I&R					x			$159.69	N	N	N	
92653	x	AEP NEURODIAGNOSTIC I&R					x			$117.58	N	N	N	
95851	x	RANGE OF MOTION MEASUREMENT	x	x						$35.39	N	N	N	
96105	x	ASSESSMENT OF APHASIA			x					$151.61	N	N	N	
96110	x	DEVELOPMENTAL SCREEN W/SCOR	x	x	x	x				$14.53	N	N	N	
96112	x	DEVEL TST PHYS/QHP 1ST HR	x	x	x	x				$199.08	N	N	N	
96113	x	DEVEL TST PHYS/QHP EA ADDL	x	x	x	x				$90.08	N	N	N	
96127	x	BRIEF EMOTIONAL/BEHAV ASSMT			x					$6.11	N	N	N	
96130	x	PSYCL TST EVAL PHYS/QHP 1ST			x					$198.41	N	N	N	
96131	x	PSYCL TST EVAL PHYS/QHP EA			x					$142.56	N	N	N	
96132	x	NRPSYC TST EVAL PHYS/QHP 1ST			x					$196.71	N	N	N	
96133	x	NRPSYC TST EVAL PHYS/QHP EA			x					$156.67	N	N	N	

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96136	x	PSYCL/NRPSYC TST PHY/QHP 1ST			x					$64.21	N	N	N	
96137	x	PSYCL/NRPSYC TST PHY/QHP EA			x					$54.65	N	N	N	
96146	x	PSYCL/NRPSYC TST AUTO RESULT			x					$2.74	N	N	N	
96156	x	HLTH BHV ASSMT/REASSESSMENT			x					$176.45	N	N	N	
96158	x	HLTH BHV IVNTJ INDIV 1ST 30			x					$121.40	N	N	N	
96159	x	HLTH BHV IVNTJ INDIV EA ADDL			x					$41.80	N	N	N	
96160	x	PT-FOCUSED HLTH RISK ASSMT			x					$3.79	N	N	N	
96167	x	HLTH BHV IVNTJ FAM 1ST 30			x					$128.77	N	N	N	
96168	x	HLTH BHV IVNTJ FAM EA ADDL			x					$46.42	N	N	N	
97010	x	HOT OR COLD PACKS THERAPY	x	x						$9.25	N	N	N	
97012	x	MECHANICAL TRACTION THERAPY	x							$22.03	N	N	N	
97014	x	ELECTRIC STIMULATION THERAPY	x	x						$18.89	N	N	N	
97016	x	VASOPNEUMATIC DEVICE THERAPY	x							$18.05	N	N	N	
97018	x	PARAFFIN BATH THERAPY	x	x						$8.41	N	N	N	
97022	x	WHIRLPOOL THERAPY	x							$22.51	N	N	N	
97024	x	DIATHERMY EG MICROWAVE	x							$10.09	N	N	N	
97026	x	INFRARED THERAPY	x							$9.25	N	N	N	
97028	x	ULTRAVIOLET THERAPY	x							$11.70	N	N	N	
97032	x	APPL MODALITY 1+ESTIM EA 15	x	x						$22.62	N	N	N	
97033	x	APP MDLTY 1+IONTPHRSIS EA 15	x							$28.27	N	N	N	
97034	x	APP MDLTY 1+CNTRST BTH EA 15	x	x						$21.09	N	N	N	
97035	x	APP MDLTY 1+ULTRASOUND EA 15	x							$21.51	N	N	N	
97036	x	APP MDLTY 1+HUBBRD TNK EA 15	x							$48.40	N	N	N	
97110	x	THERAPEUTIC EXERCISES	x	x						$44.17	N	N	N	
97112	x	NEUROMUSCULAR REEDUCATION	x	x						$49.66	N	N	N	
97113	x	AQUATIC THERAPY/EXERCISES	x	x						$54.79	N	N	N	
97116	x	GAIT TRAINING THERAPY	x							$44.17	N	N	N	
97124	x	MASSAGE THERAPY	x	x						$43.29	N	N	N	
97129	x	THER IVNTJ 1ST 15 MIN	x	x		x				$36.61	N	N	N	
97130	x	THER IVNTJ EA ADDL 15 MIN	x	x		x				$34.78	N	N	N	
97140	x	MANUAL THERAPY 1/> REGIONS	x	x						$42.14	N	N	N	
97150	x	GROUP THERAPEUTIC PROCEDURE	x							$27.52	N	N	N	
97161	x	PT EVAL LOW COMPLEX 20 MIN	x							$149.65	N	N	N	
97162	x	PT EVAL MOD COMPLEX 30 MIN	x							$149.65	N	N	N	
97163	x	PT EVAL HIGH COMPLEX 45 MIN	x							$149.65	N	N	N	
97164	x	PT RE-EVAL EST PLAN CARE	x							$101.36	N	N	N	
97165	x	OT EVAL LOW COMPLEX 30 MIN		x						$153.02	N	N	N	
97166	x	OT EVAL MOD COMPLEX 45 MIN		x						$153.02	N	N	N	
97167	x	OT EVAL HIGH COMPLEX 60 MIN		x						$153.02	N	N	N	
97168	x	OT RE-EVAL EST PLAN CARE		x						$102.62	N	N	N	
97530	x	THERAPEUTIC ACTIVITIES	x	x						$51.58	N	N	N	
97533	x	SENSORY INTEGRATION	x	x		x	x			$84.68	N	N	N	
97535	x	SELF CARE MNGMENT TRAINING	x	x						$48.38	N	N	N	
97537	x	COMMUNITY/WORK REINTEGRATIOI	x	x		x				$48.47	N	N	N	
97542	x	WHEELCHAIR MNGMENT TRAINING	x	x						$47.21	N	N	N	
97750	x	PHYSICAL PERFORMANCE TEST	x	x						$50.06	N	N	N	
A4565	x	SLINGS	x							See DME Fee Schedule	N	N	N	
A4570	x	SPLINT	x							See DME Fee Schedule	N	N	N	
H0023	x	ALCOHOL AND/OR DRUG OUTREACH			x					$56.28	N	N	N	
H0033	x	ORAL MEDICATION ADMN						x		$19.68	N	N	N	
H0034	x	MEDICATION TRAINING & SUPPORT						x		$20.00	N	N	N	
H0038	x	SELF-HELP/PEER SVC PER 15 MIN			x					$15.00	N	N	N	
H2027	x	PSYCHOED SVC, PER 15 MIN			x					$41.95	N	N	N	

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H2033	x	MULTISYS THER/JUVENILE 15MIN			x					$7.50	N	N	N	
T1023	x	PROGRAM INTAKE ASSESSMENT							x	$41.95	N	N	N	
T1024	x	TEAM EVALUATION & MANAGEMENT							x	$122.40	N	N	N	
T1027	x	FAMILY TRAINING & COUNSELING			x					$11.25	N	N	N	
V5362	x	SPEECH SCREENING				x				$40.00	N	N	N	
V5363	x	LANGUAGE SCREENING				x				$60.00	N	N	N	
V5364	x	DYSPHAGIA SCREENING				x				$90.00	N	N	N	